Improving Coverage and Access to Acute Malnutrition Services in Arid and Semi-Arid Lands

CASE STUDY • 2/6

Delivery System for Scale

KENYA

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Overview

This case study is part of a compendium of country-level case studies produced by the Delivery System for Scale[1] (DSFS) project that explore promising, context-specific approaches to scale the management of wasting treatment for children under five. In Kenya, UNICEF and partners supported Government to develop a novel approach to synthesize results across 18 different semi-quantitative evaluation of access and coverage (SQUEAC) surveys. The approach is believed to provide a new and unique means of not only consolidating lessons learned from these survey areas, but importantly, clarifying common issues across survey areas that could benefit from national-level planning and coordination so as to better support local authorities in their journey to expand coverage of child wasting treatment. This case study, therefore, outlines the approach and primary findings of SQUEAC synthesis, as well as implications for national-level nutrition coordination groups moving forward.

Introduction

In Kenya, the prevalence of global acute malnutrition (GAM) is 4.9%, which is just slightly below the World Health Assembly 2025 target[2] of reducing or maintaining child wasting to less than 5%. However, national prevalence obscures concerning sub-national patterns in child wasting, particularly in the ASALs, where the recent Kenya Demographic Health Survey[3] found exceedingly high rates of wasting above 22% in Wajir and Turkana counties. As a result, in the ASALs, ensuring widely accessible treatment coverage of integrated management of acute malnutrition (IMAM) services is a priority for county governments and partners alike, so that children who experience wasting are able not only to survive this life-threatening condition, but thrive.

SQUEAC surveys provide a snapshot of IMAM coverage at any given point in time. This methodology estimates the proportion of children eligible for treatment in comparison to the number of children that actually receive that treatment through existing outpatient therapeutic programs (OTPs) for severe wasting, as well as that of targeted supplementary feeding programs (TSFPs) wasting. SQUEACs also provide an in-depth analysis of the barriers and boosters of coverage, thereby enabling implementers to develop context-specific recommendations to improve access and coverage for IMAM services. Together, treatment coverage and outcomes (e.g., cure rate) are strongly linked and indicate the extent to which the IMAM program is meeting the needs of the target population[4]. And while the evidence from SQUEAC surveys is critical for positively influencing the overall performance of the IMAM program, one of the main limitations of SQUEAC surveys is that they are used primarily for estimation of coverage in smaller zones, e.g., health districts.

However, in early 2023, UNICEF Kenya and partners supported the Kenyan national and county governments to undertake a massive effort to conduct SQUEAC surveys key high-burden ASAL counties, which provided rich but county-specific evidence. As a result, with support from the DSFS project, efforts were made to synthesize results across 18 SQUEAC surveys from 10 different counties (Turkana, Marsabit, Samburu, West Pokot, Baringo, Isiolo, Tana River, Mandera, Garissa, and Wajir), thereby providing a more holistic picture of the constraints and enablers to IMAM access and coverage across the region.

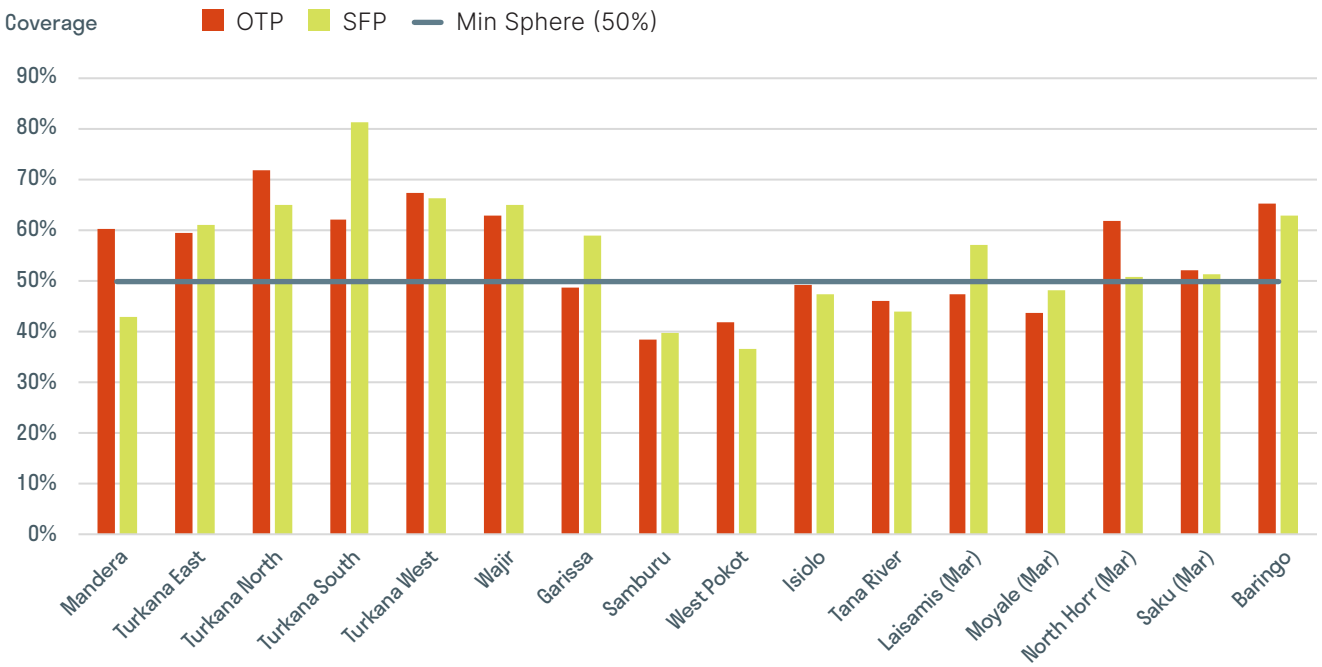
Synthesis Results

Seven (38.9%) and five (27.8%) of the 18 areas surveyed using the SQUEAC methodology did not meet Sphere [5]minimum standards (i.e., 50% for the rural areas) for OTP and TSFP coverage. For OTP, the highest coverage was reported in Turkana North (72%) and the lowest in Samburu (38%); meanwhile the highest TSFP coverage was reported in Turkana South (81%) and lowest in West Pokot (37%). While there is wide variation by location, across the region, average coverage for OTP and TSFP were comparable at approximately 55%. Importantly, none of the surveyed areas achieved the national IMAM coverage target of 85%, which was set by the Kenya National Monitoring and Evaluation Framework.

Common barriers across the surveyed areas included:

- **Economic access:** Poverty, which limited transport to and use of health facilities.
- **Physical access:** Insecurity, unfavorable terrain, and poor road networks, as well as long distances to the nearest health facilities.
- **Community factors:** Limited knowledge on the prevention and causes of acute malnutrition, as well as the impact of alternative and/or delayed health-seeking behaviors; widespread stigma (i.e., those with wasted children are seen to be careless or irresponsible).
- **Outreach-related issues:** Sub-optimal number of integrated outreach sites, as well as limited case finding, defaulter tracing, and follow-ups.
- **Caregiver challenges/opportunity cost:** High maternal/caregiver workload, alcoholism, and limited male involvement in childcare.
- **Health staff-related barriers:** Health worker and community health volunteer (CHV) shortages, limited capacity and motivation linked to a lack of or delayed remuneration/incentives.
- **Supply issues:** Pipeline breaks, sharing and re-sale of nutrition commodities, like ready-to-use therapeutic and supplementary foods (RUTF and RUSF, respectively).

OTP and SFP coverage in the 18 surveyed areas*



Common boosters included:

- Community awareness of and reduced stigma for households with acutely malnourished children;
- Active participation and collaboration with administrative leaders;
- Community knowledge on IMAM services;
- The presence of active outreach sites;
- Mass screening campaigns;
- Continuous defaulter tracing;
- Health workers capacity for delivering IMAM services; and,
- Availability of supplies and reporting tools.

Interestingly, some factors were reported both as barriers and boosters within the same surveyed areas, e.g., awareness of IMAM (causes, symptoms and service access). Communities are not homogenous in knowledge and, therefore, the concurrence of this awareness as a barrier and booster indicates the need for more sensitization in some pockets of the same jurisdiction. The same phenomenon was also observed for active case finding and availability of supplies, indicating a potential need to ensure a more even distribution of these services and supplies, even at sub-county level. Meanwhile, while insecurity is listed, overall, as a barrier across counties, in Turkana South insecurity is actually an enabling factor for coverage given that communities have settled near business centers where security is guaranteed, resulting in higher screening and admissions, as well as lower loss to follow-up.

One widespread issue (reported in Turkana Central, Turkana South, Turkana West, Samburu, West Pokot, Baringo, Laisamis and North Horr) was maternal alcoholism, which notably occurred in proximate survey areas and therefore could benefit from inter-county collaboration to address the issue. Given the extent of the challenge, a knowledge, attitude and practice (KAP) survey could be used to understand the root causes and the dynamics, and to provide a basis for the recommended interventions. Finally, the ability to scale-up coverage depends on the county's existing capacity and resources, including number and location of health facilities, capacity to deliver quality IMAM services, availability of partners, and strength of coordination. Continued efforts to advocate for and mobilize resources for health systems strengthening will prove beneficial for long-term scaling efforts.

Recommendations

While each SQUEAC survey resulted in survey area-specific recommendations, synthesis across surveys in the region provides a useful lens to ascertain wider-ranging recommendations (including at national level) for improving IMAM program access and coverage in the ASALs of Kenya. Where feasible, the relevant Government agencies and coordination mechanisms responsible for addressing each recommendation are also identified.

- Nutrition Technical Forum
- Emergency Nutrition Advisory Committee
- Nutrition Information Technical Working Group

Area	Recommendation	Responsible
Policy	Develop, disseminate and support implementation of a national strategy or a framework for peace, security, development and humanitarian (including nutrition) nexus to respond to the challenges of insecurity and extreme and persistent poverty in the ASALs.	National government
Policy	Provide technical support to counties to fast-track the drafting and validation of a Community Health Strategy, as well as subsequent resources required to recruit, train and deploy CHVs in the decentralization of IMAM services.	MOH – Division of Community Health and Division of Nutrition
Advocacy	Advocate for scale-up of nutrition sensitive food security interventions, with a focus on resilience and safety-net programs that are integrated with nutrition education and awareness.	Division of Nutrition
Advocacy	Advocate for the introduction and/or scaling up of programs that promote male involvement in caregiving and those that lead to time-saving for mothers, both of which may promote improved health seeking behaviors for acutely malnourished children.	Division of Nutrition – MIYCF TWG
Advocacy	Advocate towards county governments to increase budgetary allocations for health infrastructure, including construction of more health facilities in hard-to-reach areas and along human migration routes.	Division of Nutrition – Advocacy TWG
Advocacy	Revise legislation banning re-sale of medical commodities to include nutrition commodities as a way to strengthen enforcement.	Ministry of Health
Programs	Support the development of harmonized child wasting SBCC guidelines and tools as an easy resource for counties use to increase awareness on causes, prevention and treatment of acute malnutrition in the ASAL areas.	● ●
Programs	Fast track development of IMAM guidelines for CHVs, integration of IMAM into integrated community case management (ICCM) and its wide adoption to facilitate decentralization of screening for and treatment of acute malnutrition.	● ●
Programs	Simplify IMAM protocols for use by CHVs, including consideration of the use of MUAC for screening and admissions and reduced dosages.	● ●
Coordination	Promote inter-county learning and information exchange on improving IMAM coverage, which could include the adoption of the Standard Operating Procedure for Expanded Community Outreach During Nutrition Emergencies, among others.	●
Coordination	Facilitate inter-county collaboration in addressing some common barriers (e.g., alcoholism) to build synergy and maximize impact.	●
Evidence	Coordinate KAP surveys or other follow-up survey to explain the underlying causes and interconnected dynamics of child wasting in the region.	●
Evidence	Promote and guide counties on the use of a combination of methods (e.g., proxy coverage plus bottle neck analysis) to estimate coverage and identify barriers where it is not possible to conduct SQUEAC surveys.	● ●

Summary

Stemming directly from the Government of Kenya's annual workplan, UNICEF Kenya and other partners' unprecedented effort to better understand the situation vis-à-vis coverage of IMAM programs by SQUEAC survey in 2023, this case study details novel efforts to synthesize results across SQUEAC surveys. While this type of analysis represents a significant investment – both in terms of the resources for the surveys themselves, as well as the resources for the synthesis effort – the approach has the potential to unearth patterns, limitations and opportunities at regional or national levels that may have been obscured by the limited geographic focus of an individual SQUEAC. As a result, such analysis may open new windows of opportunity for regional/national actors to collaborate with and/or better and more efficiently support sub-national stakeholders (especially district or health facilities) in progressively improving access to and coverage for child wasting treatment in their local area.

Endnotes

1 The Delivery System for Scale project was implemented from 2022-2023 by the International Rescue Committee, Action Against Hunger and Save the Children, with the support of UNICEF. The project provided technical and operational support to UNICEF country offices in high-burden countries, aiming to accelerate efforts to bring child wasting treatment to scale.

2 Global Nutrition Targets: Policy Brief Series

3 See: Kenya Demographic and Health Survey (KDHS) 2022 - Kenya National Bureau of Statistics (knbs.or.ke)

4 State of Acute Malnutrition, Measuring the Coverage of Acute Malnutrition Treatment

5 Sphere Standards 2018 Handbook